

Kentucky Secretary of State
TREY GRAYSON

Division of Corporations
BUSINESS FILINGS

P.O. Box 718
Frankfort, KY 40602
(502) 564-2848
<http://www.sos.ky.gov/>

Foreign Limited Partnership
Certificate of Authority

FNP

Pursuant to the provisions of KRS Chapter 362, the undersigned hereby applies for registration on behalf of the foreign limited partnership named below and for that purpose submits the following statements:

1. The name of the foreign limited partnership is: _____
2. The name of the foreign limited partnership to be used in Kentucky is:

3. The state or country of formation is: _____
4. The street and mailing address of the foreign limited partnership's principal office and, if the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction, then the street and mailing address of that required office:

5. The name and street address of the initial registered agent and the registered office is:

6. The name and business address of each general partner is:

7. The limited partnership elects to be a limited liability limited partnership. Check the box if applicable: ☐
8. The street and mailing address of the designated office of the foreign limited partnership is:

9. A certificate of existence or a record of similar import signed by the Secretary of State or other official having custody of the records of the limited partnership must accompany this application.

Executed on the _____
(Day/Month/Year)

(General Partner Signature)

(Print or Type Name)

I, _____, consent to serve as the registered agent on behalf
of the foreign limited partnership.

(Registered Agent Signature)

(Print or Type Name)

Instructions:

Submit this form with one (1) exact or conformed copy. The filing fee is \$90.00. Please make check payable to the "Kentucky State Treasurer." All information must be completed or this document will not be accepted for filing.

FNP (08/2006)